

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8535-63-033938  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8535**

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 29 1963

VS 300  
Rev. 4/59

1.

2. **205**

3.

4. **3**

5. **1**

6.

7. **1**

8. **2**

9.

10.

11.

12. **920**

13.

**91**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Homer G. Phillips Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>5114 Maple Ave.,</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CARMON MITCHELL</b>		4. DATE OF DEATH Month Day Year <b>Aug. 20, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-20-04</b>
9. AGE (last birthday) <b>59</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <b>Dryden, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Lincoln Overall</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Ball</b>	
14. NAME OF HUSBAND OR WIFE <b>Felix Mitchell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Felix Mitchell- 5114 Maple Ave.,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 HR.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		DUE TO (c) <b>Hypertension. 444X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>April 14 1955</b> to <b>July 31 1963</b> and last saw her/him alive on <b>July 31 63</b> . Death occurred at <b>12:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. ENRIGHT, CLINICAL GROUP</b>		22b. ADDRESS <b>3612 Enright St. St. Louis M.O. 8-21-63</b>	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>8-26-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.,</b>		24. FUNERAL DIRECTOR <b>G. Wade Granberry 4202 Finney Ave.,</b>	
25. DATE RECD. BY LOCAL REG. <b>AUG 22 1963</b>		26. REGISTRAR'S SIGNATURE <b>Load Smith M.D.</b>	

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.